



2827

PTO/SB/21 (6-98)

Please type a plus sign (+) inside this box → 

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

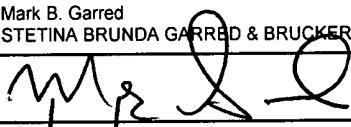
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/008,048
		Filing Date	11/07/2001
		First Named Inventor	Sean T. Crowley
		Group Art Unit	2827
		Examiner Name	Cruz, Lourdes C.
Total Number of Pages in This Submission		Attorney Docket Number	AMKOR-028A

RECEIVED  
OCT 9 2001  
TECHNOLOGY CENTER 2000

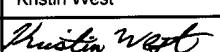
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69 and Accompanying Petition) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <i>Return receipt postcard</i>
REMARKS:		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Mark B. Garred STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	9/30/02

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
 Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 9-30-02

Typed or printed name	Kristin West
Signature	
	Date <u>9-30-02</u>

† SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231



ATTORNEY DOCKET: AMKOR-028A

### Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

- I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231
- I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No.    addressed to:  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

on September 30, 2002  
(Date)

Kristin West  
Signature

Kristin West  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Certificate of Mailing;
2. Transmittal;
3. Amendment (24 pages);
4. Revocation of Power of Attorney;
5. Certificate of Mailing;
6. Power of Attorney; and
7. Return Receipt Postcard

RECEIVED  
OCT - 9 2002  
TECHNOLOGY CENTER 280C